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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH	
1. County <u>Graham</u>	State Index - - - - No. <u>113</u>		
District <u>Jefferson</u>	County Registrar's - - No. _____		
Town or City <u>Safford Ariz</u>	Local Registrar's - - No. <u>11</u>		
2. FULL NAME <u>Harriett Ann Skinner</u>			
(a) Residence No. <u>Safford</u>	St. _____ Ward _____		
(Usual place of abode)		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred	yrs. <u>3</u> mos. <u>6</u> ds.	How long in U. S. if of foreign birth?	yrs. _____ mos. _____ ds. _____
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>		16. DATE OF DEATH (month, day, and year) <u>Feb. 22, 1926</u>	
6. DATE OF BIRTH (month, day and year) <u>Nov. 18-1925</u>		17. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 10 - 1926</u> to <u>Feb. 22nd 1926</u> that I last saw her alive on <u>Feb. 22nd 1926</u> and that death occurred, on the date stated above, at <u>2 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>	
7. AGE	Years <u>3</u> Months <u>4</u> Days <u>4</u>	IF LESS than 1 day _____ hrs. _____ min.	
8. OCCUPATION OF DECEASED		(duration) _____ yrs. _____ mos. <u>12</u> ds.	
(a) Trade, profession, or particular kind of work <u>None</u>		CONTRIBUTORY (Secondary) <u>None</u>	
(b) General nature of industry, business or establishment in which employed (or employer)		(duration) _____ yrs. _____ mos. _____ ds.	
(c) Name of employer		18. Where was disease contracted <u>Not at place of death?</u>	
9. BIRTHPLACE (city or town) <u>Safford Ariz</u> (State or country)		Did an operation precede death? <u>No</u> Date of _____	
10. NAME OF FATHER <u>F. M. Skinner</u>		Was there an autopsy? <u>No</u>	
11. BIRTHPLACE OF FATHER <u>Safford Ariz</u> (city or town) (State or country)		What test confirmed diagnosis? <u>None</u>	
12. MAIDEN NAME OF MOTHER <u>Ada Canadian</u>		(Signed) <u>D. Scott Church</u> M. D. <u>Feb. 22 1926</u> (Address) <u>Safford</u>	
13. BIRTHPLACE OF MOTHER <u>Corona Ariz</u> (city or town) (State or country)		* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
14. Informant <u>F. M. Skinner</u> (Address) _____		19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Graham</u>	
15. Filed <u>March 8 1926</u> <u>J. N. Stratton</u> W. D. Local Registrar.		DATE OF BURIAL <u>Feb-23-1926</u>	
Filed _____ 19 _____ County Registrar.		20. UNDERTAKER <u>None</u>	
V. S. No. 1		ADDRESS _____	